**SAFETREK 4wd Training Services - COURSE REGISTRATION -   
Please email to:** [**jim@safetrek.com.au**](mailto:jim@safetrek.com.au) **Or Print & post: PO Box 467 Doncaster 3108 Or print/fax 03 59637240**

Code of course:

**CONTACT DETAILS**

First Name: Surname:

Partners Name:

Children’s Names:

Address: Post code:

E-mail:

Phone Number: Mobile:

**PAYMENT**

Please highlight Payment method to cover total cost of course by:

Cheque

EFT: (BSB 033 178; Account 228492)

Credit Card (please enter details below)

CC Details (MasterCard, Visa and or Amex):

Card holder:

Credit card number:

Credit card expiry: Credit card CVV

**VEHICLE DETAILS**

Make: Model: Year:

Fuel: Petrol Diesel

Number of Cylinders:

Transmission: Automatic Manual

Registration number:

Colour of vehicle:

**FUTURE ADVERTISING OF COURSES – PLEASE NOMINATE/HIGHLIGHT**

Please DO NOT use my testimonials, photos/ video taken throughout the course for marketing purposes.

Please DO use my testimonials, photos/ video taken throughout the course for marketing purposes.